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| AMENDMENT TRANSMITTAL LETTER | | | | Docket No. 0649-0753P |
| Application No. 09/617,086-Conf. #5579 | Filing Date July 14, 2000 | Examiner L. S. Lao | Art Unit 2615 | |
| Applicant(s): Masahiro TSUJISHITA et al. | | | | |
| Invention: NOISE REDUCTION APPARATUS AND AUDIO OUTPUT APPARATUS | | | | |
| MS Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 | | | | |
| Transmitted herewith is an amendment in the above-identified application. | | | | |
| The fee has been calculated and is transmitted as shown below. | | | | |
| CLAIMS AS AMENDED | | | | |
| | Claims Remaining After Amendment | Highest Number Previously Paid | Number Extra Claims Present | Rate |
| Total Claims | 20 | - 20 = | 0 | x 50.00 0.00 |
| Independent Claims | 3 | - 3 = | 0 | x 200.00 0.00 |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/> | | | | |
| Other fee (please specify): | | | | |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: 0.00 | | | | |
| <input checked="" type="checkbox"/> Large Entity | | <input type="checkbox"/> Small Entity | | |
| <input checked="" type="checkbox"/> No additional fee is required for this amendment. | | | | |
| <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed. | | | | |
| <input type="checkbox"/> A check in the amount of \$ _____ is enclosed. | | | | |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. | | | | |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. 02-2448 as described below. A duplicate copy of this sheet is enclosed. | | | | |
| <input checked="" type="checkbox"/> Credit any overpayment. | | | | |
| <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17. | | | | |
| Dated: October 13, 2006 | | | | |
|  Michael K. Mutter Attorney Reg. No.: 29,680 | | | | |
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